

Political Organization  
Notice of Section 527 Status

OMB No. 1545-1693

General Information

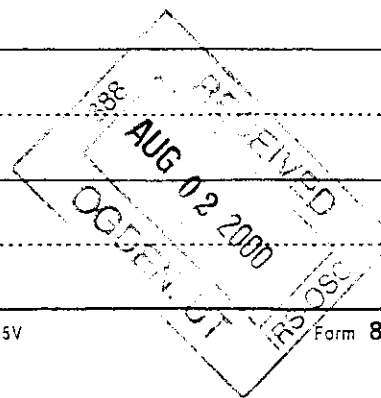
1 Name of organization <b>BRODEN FOR STATE SENATE</b>		Employer identification number <b>91-2064993</b>
2 Mailing address (P.O. Box or number, street, and room or suite number) <b>201 W. NORTH SHORE DR</b>		
City or town, state, and ZIP code <b>SOUTH BEND, IN. 46617-1142</b>		
3 E-mail address of organization <b>N/A</b>		
4a Name of custodian of records <b>THOMAS F. BRODEN</b>	4b Custodian's address <b>201 W. NORTH SHORE DR SOUTH BEND, IN. 46617-1142</b>	
5a Name of contact person <b>THOMAS F. BRODEN</b>	5b Contact person's address <b>201 W. NORTH SHORE DR SOUTH BEND, IN. 46617-1142</b>	
6 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number <b>SAME</b>		
City or town, state, and ZIP code		

Purpose

7 Describe the purpose of the organization  
**STATE COMMITTEE OF DEMOCRATIC PARTY**

List of All Related Entities (see instructions)

8a Name of related entity	8b Relationship	8c Address
<b>NONE</b>		



24

